



Docket No. 58463/JPW/AG/LAD

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Harold J. Wanebo and Shashikant Mehta  
 Serial No. : 09/287,884 Examiner: J.D. Anderson  
 Filed : April 7, 1999 Group Art Unit: 1614  
 For : COMBINATIONS OF CERAMIDE AND CHEMOTHERAPEUTIC AGENTS  
FOR INDUCING CELL DEATH AND USES THEREOF IN TREATING CANCER

Mail Stop RCE  
 COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Date: October 31, 2007

Sir:

Transmitted herewith is an amendment to the above-identified application.

X Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.

\_\_\_\_\_ A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

\_\_\_\_\_ No additional fee is required.

The filing fee is calculated as follows:

	Number after Amendment	Highest Number Previously Paid For <sup>1</sup>	Number of Extra Claims Presented	RATE			FEE	
				Small Entity	Other Entity		Small Entity	Other Entity
Total Claims	14 -	* 26 =	*** 0 X	\$25	\$50	=	\$ 0	
Independent Claims	4 -	** 8 =	*** 0 X	\$105	\$210	=	\$ 0	
Multiple Dependent Claim(s) Presented For First Time _____ Yes <u>X</u> No				\$185	\$370	=	\$0	
				TOTAL ADDITIONAL FEE			\$ 0	

<sup>1</sup> The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.

\* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

\*\* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

\*\*\* If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

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Amendment Transmittal Letter  
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The following are also enclosed:

☒ One additional copy of this Amendment Transmittal Letter

☒ Return Receipt Postcard

☐ An Information Disclosure Statement, including Form PTO-1449  
(Copies of citations included: Yes ☐ No ☐  
and a fee of \$ ☐ included)

☐ A Petition for an Extension of Time, including a fee of  
\$ ☐ for a Petition for ☐ Month(s) Extension of Time

☒ Other (identify): Request For Continued Examination

THE TOTAL FEE DUE IS \$ 635.00.

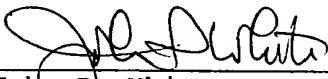
☒ A check in the amount of \$ 635.00 is enclosed.

☐ Please charge Deposit Account No. ☐ in the amount of  
\$ ☐.

☒ The Commissioner is hereby authorized to charge any additional fees  
required or credit any overpayment to Deposit Account No. 03-3125  
as follows:

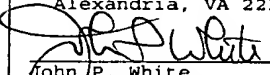
☒ Fees under 37 C.F.R. \$1.16 for the presentation of extra claims  
☒ Patent application processing fees under 37 C.F.R. \$1.17

Respectfully submitted,

  
\_\_\_\_\_  
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I hereby certify that this  
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\_\_\_\_\_  
John P. White  
Reg. No. 28,678

06/31/07  
Date